



# Casual New Employee Benefits Handbook



Plan Year: 2020



# *Welcome to Los Alamos National Laboratory*

At Los Alamos National Laboratory, we are committed to helping you achieve your highest level of well-being. When you are healthy, you are able to live a happier, more productive, and more fulfilling life. You are also able to more fully contribute to – and benefit from – our business success.

As part of our vision to promote the highest levels of health and preventive care, LANL offers you and your family a comprehensive benefits program that gives you the flexibility to tailor your benefits to your specific needs. Each year, we review our benefits program to ensure that it is competitive in terms of both its cost and the quality of options, and to give you the opportunity to make changes.

As a new employee, you have the opportunity to make your health care benefit elections. If you do not elect coverage within 31 days of your eligibility date, you will lose your opportunity for enrollment until the next annual Open Enrollment or a qualified life event. Therefore, it is important that you take action to elect the coverage that is right for you and your family.

Your benefits orientation is the part one of our three-step process. **Learn** about the plans that LANL offers. Take your materials home with you and **Choose** the plan that best suits your needs. Finally, **Thrive** throughout the year as you utilize the programs and tools available to you.

Los Alamos National Laboratory Benefits.... It's The Science of Living Well!





## Contents

### Page Number

- 4. New Hire Checklist
- 5. Eligible Dependents
- 6. High Deductible Health Plan Summary
- 7. Semi-Monthly Plan Premiums
- 8. Health Partners Intro
- 9. Pharmacy Manager
- 10. Virtual Doctor's Visits
- 11. Medical Second Opinions
- 12. Digital Physical Therapy
- 13. 401(k) Retirement Plan
- 14. Acknowledgement of Required Notices



### CHOOSE YOUR BENEFITS PLANS

We understand choosing the right benefit plan options is a difficult decision. Benefits is here to help you enroll in the benefit plans that best meet the needs of you and your family.

# New Hire Checklist



## YOUR Period of Initial Eligibility (PIE) Ends 31 days after hire date!

- ☐ **Prior to hire date:** Explore the Casual new hire benefit website for comprehensive information at [benefits.lanl.gov](https://benefits.lanl.gov) or click [here](#) for our external page.
- ☐ Review the Required Notices Package & sign and return the Acknowledgement of Receipt of Required Notices to [benefits@lanl.gov](mailto:benefits@lanl.gov)
- ☐ Attend the New Hire Benefits WebEx the week of your hire date.
- ☐ The Friday following your hire date review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>.
  - ☐ **Note:** Employees on Regular, Term, Post-Doc, GRA, and Post-Bac assignments are eligible to participate in the 401(k) Retirement Plan. Eligible employees will be auto-enrolled with a 6% contribution 31 calendar days from the date of hire. To opt out or contribute earlier log in to [netbenefits.fidelity.com](https://netbenefits.fidelity.com/)
- ☐ **By Day 31:** Email a completed Casual Benefits Enrollment form **with** required supporting documentation to the Benefits Office at [benefits@lanl.gov](mailto:benefits@lanl.gov) within **31 calendar days of your hire date**.
- ☐ Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a LANL sponsored plan, including the retiree plans (505-667-1806).
- ☐ Create accounts for enrolled benefits (BCBS, Express Scripts, Hinge Health, ConsumerMedical, MDLive, Fidelity)

**Note:** LANL plan rules do not allow duplicate coverage. This means you may not be covered in any LANL sponsored benefit plan as an employee and as an eligible dependent of another LANL employee or retiree at the same time. Family members of LANL employees may not be covered by more than one employee. For example, if a husband and wife both work for LANL, their children may not be covered by both.

### Contact Information

External Website: <https://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/casual-status.php>

Email: [benefits@lanl.gov](mailto:benefits@lanl.gov)

Phone: (505) 667-1806

# Acceptable Dependent Supporting Documentation



Eligible Dependents	Eligibility Requirement	Acceptable Supporting Documents
Legal Spouse	Certified Legal Marriage	<ul style="list-style-type: none"> <li>• Marriage certificate; or</li> <li>• Signed federal tax return, if filed jointly</li> </ul>
Domestic Partner	Must meet requirements of Declaration of Domestic Partnership (LANL Form 1925A)	<ul style="list-style-type: none"> <li>• Signed Form 1925A</li> <li>• Acceptable supporting documentation as outlined on form 1925A.</li> </ul>
Child – Natural, step, placed for adoption, adopted, or Domestic Partner's child	To Age 26	<ul style="list-style-type: none"> <li>• Birth Certificate, proof of birth (if newborn), or adoption papers that list you as the adoptive parent.</li> </ul>
Legal Ward	To age 18 and unmarried	<ul style="list-style-type: none"> <li>• Legal document granting custody; and</li> <li>• Latest federal tax returns.</li> <li>• Meet the requirements of the Declaration of Legal Ward as Eligible Dependent (LANL form 3028)</li> </ul>
Overage disabled child	(unmarried)	<ul style="list-style-type: none"> <li>• Birth Certificate or adoption papers that list you as the adoptive parent.</li> <li>• Must be approved before the child reached the age of exclusion or by the provider during the Period of Initial Eligibility (PIE) for newly eligible employees.</li> <li>• Once eligible, continuous coverage under a LANL group benefit must be maintained for the overage dependent; if coverage is dropped, coverage will no longer be available.</li> </ul>

\* Please provide copies of your original documents along with your enrollment form.

# High Deductible Health Plan (HDHP) Plan Summary



## Medical Coverage

LANL offers the Blue Cross Blue Shield of New Mexico High Deductible Health Plan to employees actively working in an eligible casual status appointment.

This plan offers consumers the flexibility to select the providers that offer the best value for covered services. The HDHP works like car insurance, the higher your deductible, the lower your premium. And like car insurance, you pay all the eligible expenses until your deductible is met.

## 2020 Medical Plan Design At-a-Glance

	HDHP In-Network	HDHP Out-of-Network
Annual Deductible	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Out of Pocket Max (OOP) (includes deductible)	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
Coinsurance	10% after deductible	40% after deductible
Office Visits Primary Care	10% after deductible	40% after deductible
MDLIVE Medical Virtual Visit	\$44, then 10% after deductible	N/A
Office Visits Specialist	10% after deductible	40% after deductible
Preventive Care	100% Covered	40% after deductible
Prescription Drug	20% after deductible	Not covered
Urgent Care	10% after deductible	40% after deductible
ER Facility Charges	10% after deductible	

### A Word About The Annual HDHP Family Deductible & Out-of-Pocket Maximum

If you enroll more than just yourself in the HDHP, you will need to meet the full HDHP family deductible before any benefits are paid for anyone, including yourself and others you enroll. The HDHP out-of-pocket maximum works the same way; the full family out-of-pocket maximum must be met before it takes effect for any enrolled individual. As an example, someone in the HDHP with adult + children coverage must have \$6,000 as eligible in-network expenses before the out-of-pocket in-network maximum takes effect for *any covered family member* in that calendar year. Eligible expenses are the family deductible and out-of-pocket coinsurance expenses of one family member or all family members combined.



## Semi-monthly Medical Premiums



2020 HDHP Semi-Monthly Medical Premiums				
Salary Band	Single	Adult + Children	Two Adults	Family
less than or = \$40,000	\$42.00	\$76.00	\$88.50	\$121.50
\$40,001 to \$80,000	\$47.00	\$82.50	\$97.00	\$133.00
\$80,001 to \$120,000	\$50.00	\$89.00	\$104.50	\$144.00
More than \$120,000	\$61.00	\$109.00	\$128.00	\$176.00



**Don't forget employees have 31 calendar days from their date of hire to enroll in benefits. If you are enrolling dependents, your supporting documentation must accompany your enrollment form.**

### Eligible Dependents and Required Supporting Documentation

#### Legal Spouse (as defined under applicable state law)

- Must provide a copy of your marriage certificate; or
- Copy of signed Federal tax return, if filed jointly

#### Domestic partner

- Must meet the requirements of the LANL Declaration of Domestic Partnership (LANL Form 1925A)
- Qualified tax **dependents** require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

#### Child – natural, step, placed for adoption, adopted, or domestic partner's child\*

- Must provide a copy of the Birth Certificate, proof of birth (if newborns), or adoption papers that list you as adoptive parent

\* Qualified tax dependents require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

#### Legal ward

- Must provide a copy of the legal document granting custody; and
- Copy of your latest federal tax return
- Must meet the requirements of the Declaration of Legal Ward as Eligible Dependent (LANL form 3028)

#### Overage disabled child

- Must provide a copy of the Birth Certificate, proof of birth, or adoption papers that list you as adoptive parent
- Must be approved before the child reaches age of exclusion specified by each coverage or by the carrier during the Period of Initial Eligibility (PIE) for newly eligible employees
- Once eligible, continuous coverage under a LANL group benefit program must be maintained for the overage dependent; if coverage I dropped, coverage is no longer available.



# Health Partners



No extra premium for these tools that empower you to take control of your health!

## **No separate enrollment necessary**

- Need to be enrolled in one of the medical plans at LANL
- Contact information will be on your BCBS ID card that will be mailed to you

## **Health Partners Include:**

- **Express Scripts** – Pharmacy manager
  - **MDLIVE** – Telemedicine
- **ConsumerMedical** – Expert second opinions
  - **Hinge Health** – Virtual PT\*

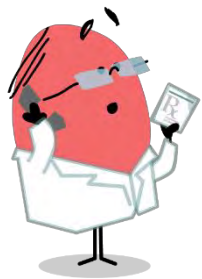
\*must meet eligibility requirements

More information on the following pages





# Pharmacy Manager



**Express Scripts offers an extended network of Pharmacies.**

## Copay Structure for Prescriptions

HDHP Plan	
In-Network	Out-of-Network
20% after deductible	Not Covered.  Must use a participating pharmacy.

### Things to Know

- A list of their formulary can be found on their website
- Large Network
- Mail order prescriptions available



**MDLIVE®**

# Virtual Doctor's Visits

**MDLIVE is available 24 hours a day,  
7 days a week, 365 days a year.**



## Virtual Visits

- Telephone
- Video
- Mobile App

## Copay Amounts

Doctor's Visit (medical)	Behavioral Health
<b>HDHP:</b> \$44 until deductible met, then 10% (\$4.40)	<b>HDHP:</b> \$80-\$175 range, depending on type of doctor (10% after deductible)

## Non-Emergency Medical Conditions

- ✓ Allergies
- ✓ Fever
- ✓ Pinkeye
- ✓ Flu
- ✓ Common cold

Not a comprehensive list

## Behavioral Health

- ✓ Marital problems
- ✓ Depression
- ✓ Anxiety
- ✓ Child behavior and learning issues
- ✓ Financial hardships

Not a comprehensive list

**Connect with a doctor in real-time or schedule an appointment!**

MDLIVE's phone number will be on your BCBS ID card.



**consumer**medical<sup>SM</sup>  
Your Medical Ally<sup>®</sup>

# Your Medical Ally

ConsumerMedical can help you understand your medical conditions and treatment options.

## With this service, you get:

- ✓ A second set of eyes on your treatment plan
- ✓ Remote and in-person second opinions
- ✓ Help to ask the right questions at your medical appointment
- ✓ Medical information mailed to you via FedEx overnight



## Incentive Program

If you are told you need any of the surgeries below, you are eligible for a **\$400 incentive\*** if you follow ConsumerMedical's program

### Surgeries include:

- ✓ Lower back surgery
- ✓ Knee replacement
- ✓ Hip replacement
- ✓ Weight loss surgery (bariatric surgery)
- ✓ Hysterectomy

\*Qualification applies

ConsumerMedical's phone number will be on your BCBS ID card.



# Hinge Health

## Digital Physical Therapy

Get access to Hinge Health's innovative digital programs for certain chronic pains.

### Physical Therapy

#### for chronic:

- ✓ Back pain
- ✓ Hip pain
- ✓ Knee pain
- ✓ Shoulder pain

This program can be done at your convenience, from home or on vacation, all at **no cost** to you!

### Included for **Free** in Program

- Amazon Fire tablet
- Sensors
- 1:1 coaching
- Unlimited access to your coach
- Program tailored for your specific needs



Hinge Health's phone number will be on your BCBS ID card.

# 401(k) Retirement



## Who is eligible?

- ✓ Regular and term Full and Part-Time employees.
- ✓ Casual employees with a Post Bachelors degree or higher

## Employee contributions are:

- ✓ Made only through salary deduction
- ✓ Come only from income paid through the LANL payroll system
- ✓ Made on an pre-tax or after-tax basis
- ✓ Cannot exceed 50% of your pay or IRS dollar limit
- ✓ Cannot exceed the total IRS maximum annual contribution (MAC)

## LANL helps your 401(k) retirement account grow

### Employees are 100% vested on day 1!

### Company match

For each \$1.00 of your own contributions, called your matched contributions, LANL provides an employer matching contribution of 100% of your contribution, up to 6% of your eligible compensation.

Note: The company match is on a paycheck by paycheck basis. To receive the maximum company match, you must ensure a minimum of 6% is contributed every paycheck.

## Non-elective employer contribution (service-based contribution)

Regardless of your contributions to the 401(k) Retirement Plan, LANL makes a non-elective employer contribution each plan year for each eligible employee.

Note: You do not need to be actively employed on December 31 to receive a non-elective employer contribution for the year. However, if your employment ends during the year, your Years of Completed Service is determined as of your termination date. Plan year compensation is based on the eligible compensation you received while you were actively employed during the plan year.

Yeas of Completed Service	% of Employer Contribution
0-9	3.5%
10-19	4.5%
20+	5.5%

## Signing up is Easy

- ✓ Visit [www.NetBenefits.com](http://www.NetBenefits.com)
- ✓ Confirm your identity
- ✓ Select Action, click Contribution Amount
- ✓ Enter your contribution percentage
- ✓ Confirm your elections
- ✓ Start saving towards your retirement!
- ✓ Automatic enrollment in 6% after 31 days

### Need help?

Call Fidelity at **800-835-5095**.



## Acknowledgement of Receipt of Required Notices

I hereby acknowledge receipt of the documents listed below from the LANL Benefits Office. I further understand that I am responsible for reviewing the governing documents, including but not limited to the Summary Plan Description (SPD) and applicable benefit booklets, which can be found at [benefits.lanl.gov](http://benefits.lanl.gov).

- ✓ Continuation Coverage Rights Under COBRA Notice
- ✓ Premium Assistance under Medicaid and the CHIP Program
- ✓ Notice from LANL about Your Prescription Drug Coverage and Medicare
- ✓ Women's Health and Cancer Rights Act (WHCRA)
- ✓ Wellness Reward Alternative Notice
- ✓ HIPAA Special Enrollment Rights
- ✓ Health Insurance Marketplace Coverage Options

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**Printed Name**

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**Z#**

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**Signature**

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**Date**